
D. Company Background

RR-D-01

CORPORATE INFORMATION	
Company Name	The Echo Group
Company Type (C-Corp, S-Corp, LLC, LLP, Sole Proprietorship, Etc.)	C-CORP
Location Of Corporate Headquarters	15 Washington St, Conway NH 03818
Location Of Field Support Offices	519 17 th St., Suite 400 Oakland, CA 94612
Location Of Programming/Technical Support Personnel	15 Washington St, Conway NH 03818 and 519 17 th St., Suite 400 Oakland, CA 94612
PRIMARY CONTACT INFORMATION FOR THIS RFI	
Name	Donley C. Smith, MA
Title	Director of California Operations
Office/Location Address	519 17 th Street Oakland, CA 94612
Phone Number	510-238-2727
E-Mail Address	donley.smith@echoman.com
Internet Home Page	www.echoman.com

RR-D-02. Overview of Company

Founded in 1980 and managed by human service and computer specialists, The Echo Group has incorporated a special understanding of the needs of human service agencies into the product design of our software solutions. The research and development behind our product designs reflects our knowledge of federal reporting and accreditation requirements - - NIDA/NIAAA, MHSIP, HCFA, JCAHO, CARF, COA, FASB, CCHIT, HL7 -- and the fact that we listen closely to the needs of behavioral healthcare providers. The result: 21st century software solutions that are powerful yet cost-effective; user-friendly, yet fully capable of managing and retrieving data in a multi-user environment. The Echo Group, through its Performance and Outcomes Services Division, has met the initial criteria for inclusion in the future accreditation process and is included on the Joint Commission's list of acceptable systems. Echo is committed to meeting future criteria established by the Joint Commission on Accreditation of Healthcare Organizations.

Mission Statement

To deliver quality software and services to human service and nonprofit organizations; provide a working environment conducive to innovation, high productivity and employee satisfaction; and maintain a profitable enterprise that will continue to service our customers.

Corporate Overview

The Echo Group's corporate office is located at 15 Washington Street; Conway, New Hampshire. All California services are provided through our office in Oakland, California. The corporate office mailing address is P O Box 2150; Conway, NH; 03818.

The Echo Group has been serving the information management needs of the behavioral health and human service markets since 1980. Since that time, Echo has implemented systems in many different areas of the country. Implementations have included agencies and organizations across the continuum of care and of every size, from small counseling centers to comprehensive statewide systems.

The hallmarks of The Echo Group's history are industry changing technical innovation, rock-solid financial and management stability. For over 26 years, Echo has set the bar for behavioral health information systems. Our many "firsts" include:

- The first relational database system for behavioral health (1981)
- The first PC networked comprehensive system (1981)
- The first multi-payer "Waterfall" Billing System (1983)
- The first vendor to offer a critical indicator management dashboard (1988)
- The first to integrate clinical and administrative Windows™ systems (1995)
- The first comprehensive electronic clinical record (1998)
- The first new-from-the-ground-up Web-based clinical/fiscal system (2002)

In 2005, Echo began installing the first-ever Clinical Outcomes Tool Set. This groundbreaking technology uses statistical modeling to identify which treatment interventions provided to which clients result in the most successful outcomes. The Echo Group continued its technical innovation in 2007, with major enhancements to clinical records functionality effecting scheduling, forms management, treatment planning, progress noting, medication management, and imaging.

RR-D-03

Category	2006	2007	2008
Total Employees	62	64	73
Installation / Setup	10	10	12
Research and Development	18	20	23
Application / Technology Support	3	3	4
Customer Service / Helpdesk Support	4	21	24
Other	10	10	10
Physicians	0	0	0
Psychologists	0	0	0
Psychiatrists	0	0	0
Registered Nurses	0	0	0
Other Clinicians	1	1	1

RR-D-04. Has your company acquired or merged with any other organizations in the past three years? If so, please list each organization and the purpose behind such activity.

No

RR-D-05. How long has your company been in the business of developing and implementing your Electronic Health Record related products?

The first EHR record development began in 1998; however the company has been providing administrative, billing, client tracking, and reporting solutions for Behavioral Health since 1980.

RR-D-06 What were your firm's annual revenues for the last 3 fiscal years?

Category	2005	2006	2007
\$1,000,000 to \$5,000,000			
\$5,000,000 to \$25,000,000	X	X	X
\$25,000,000 to \$100,000,000			
Greater than \$100,000,000			

RR-D-07. What percentage of your firm's annual revenue directly resulted from behavioral health care solutions during the past 3 fiscal years?

Category	2005	2006	2007
Percentage of Annual Revenue Resulting from BH Solutions	100%	100%	100%

RR-D-08. What percentage of annual revenue did your company expend for research and development (R&D) on your proposed products during the last 3 fiscal years?

Category	2005	2006	2007
Percentage of Annual Revenue Expended on R&D	10	10	10

RR-D-09. What percentage is budgeted for R&D in the current and next fiscal year?
Category

Category	2008	2009
Percentage of Annual Revenue Budgeted for R&D	10	10

E. Partner and/or Reseller References

RR-E-01 Please list any partners and/or resellers in the areas of behavioral health: Strategic or tactical development, sales, support, delivery, consulting, or training.

No outsourcing is done by the company. Third Party products that are integrated with the software are noted below.

RR-E-02 For each partner or reseller listed above, please identify the following:

1. Functional areas.
2. Nature of partnership/relationship.
3. Length of the relationship.
4. Referencable customers for whom you have jointly provided services. (3 pages maximum)

NA

F. Behavioral Health Solutions Experience

Descriptions of the Functional Requirement Categories referenced in questions RR-F-01 through RR-F-05 of this section are in The Preface (Section A). In your responses to the questions in this section, emphasize your experience in the State of California.

RR-F-01 Describe your firm's experience and qualifications in design, development, and implementation of Behavioral Health Practice Management systems. (5 pages maximum)

The Echo Group has been serving the information management needs of the behavioral health and human service markets since 1980. Since that time, Echo has implemented systems in many different areas of the country. Implementations have included agencies and organizations across the continuum of care and of every size, from small counseling centers to comprehensive statewide systems.

The hallmarks of The Echo Group's history are industry changing technical innovation, rock-solid financial and management stability. For over 28 years, Echo has set the bar for behavioral health information systems. Our many "firsts" include:

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RR-F-02 Describe your firm's experience and qualifications in design, development, and implementation of Behavioral Health Clinical Data Management systems. (5 pages maximum)

The Echo Group has been helping its over 200 partners obtain millions of dollars by successfully submitting bills using many diverse formats in over 40 states. Some of the key characteristics to achieving these successes are:

1. Echo's integrated Electronic Health Record (EHR), sophisticated billing and administrative system have the configurability to respond to changing clinical, billing and regulatory requirements. The clinical interface lends itself to significant flexibility in responding to requirements for agency or state-specific forms, assessments, outcome measures, clinical note formats, scanning of documents, etc.
2. Because Echo operates in multiple states, it has a billing and reporting engine which can generate and accept an infinite number of electronic invoicing and regulatory reporting needs without compromising the core technology.
3. Echo offers an award-winning EHR precisely designed for behavioral health organizations. Our EHR captures a full array of clinical, demographic, service, progress note, treatment plan, medication, incident and other clinical data. You can design not only the varying formats of Child and Family services and early intervention treatment plans (for example), but can build large content libraries specific to these populations and service modalities. You can also incorporate clinical content from virtually any outside provider such as the current Evidence Based Practice partners.
4. Behavioral Healthcare's focus on measures of success and accountability are supported by Echo's powerful reporting tools. In addition to easy-to-use industry standard reporting for basic listing and graphic reports using Business Objects™ products, Echo is unique in offering the Rapid Insight™ outcomes reporting system. Rapid Insight provides a powerful statistical and graphical reporting tool that allows you to identify specific clinical interventions for individuals with particular clinical and demographic characteristics that result in the most positive outcomes. Echo's Dashboard tools permit distribution of interactive graphical displays that support both clinical and administrative decision-making in a completely non-technical, intuitive fashion.

RR-F-03 Describe your firm's experience and qualifications in design, development, and implementation of Computerized Provider Order Entry (CPOE) systems. (5 pages maximum)

The Echo Group has not yet completed a CPOE system, and we are currently studying the various requirements that are developing in CCHIT and other sources. It is part of identified development. To date, this has not been a major requirement of our standard customer base. It is clear that a CPOE system is required for the future, but the scope and complexity of it in relationship to California County Mental Health agencies is still developing.

RR-F-04 Describe your firm's experience and qualifications in design, development, and implementation of interoperable Electronic Health Record (EHR) systems. (5 pages maximum)

The Echo Group has been creating products and serviced for over 28 years. During this period its products, and our customers, have won National and State awards, the most prestigious being the Davies Award 2001 for the Best Demonstrated practices for a complete EHR system. The Healthcare Information and Management Systems Society (HIMSS) presented this recognition to our long time partner, Heritage Behavioral Health Center of Decatur, Illinois. They and Echo are the first behavioral health organization and

vendor to win this award. The criteria met for this achievement help answer the presented question:

- Strengthen the service delivery process: develop a computer-based patient record that enhances client care and serves as a tool for caregivers;
- Improve the efficiency of the information system: automate and streamline data collection, initiate real-time data entry, and stop collecting unnecessary data;
- Increase staff access to information; and
- Enhance efforts to improve performance: monitor the quality of internal operations and meet the increasing demands of external funding and regulatory bodies.

RR-F-05 Describe your firm's experience and qualifications in design, development, and implementation of Personal Health Record (PHR) systems. (5 pages maximum)

The Echo Group does not provide Personal Health Record (PHR) systems, however we are eager to work with any customer to both send and receive data from either a proprietary or commercial PHR.

RR-F-06 Describe your firm's experience and qualifications for Systems Integration. (3 pages maximum)

The Echo Group has gained its market share on a business model of development and implementation of software and services that provides the behavioral science customer a full breadth of functionality. Echo does not approach the market as a company that selects multiple third party products, creating interfaces and selling it as a singular installation. Beyond systems integration however, The Echo Group looks forward to an array of standardized formats that promote interoperability and allow for standard data exchange with other systems.

RR-F-07 Describe your firm's experience and approach to the conversion of electronic behavioral health data. (1 page maximum)

The Echo Group has more than 20 years of experience in converting data. The most essential step in the conversion of data is a very detailed "data map" that explicitly directs data from one system to another. The map incorporates more than "this field to that field" concepts, but involves the "why" of "this field to that field".

The move to a new system requires examining the agency's current business practice—it is very likely that some current practices may be based on elements of the legacy system, and need to be re-examined in the context of a new system. Echo staff with long-time experience in California work with identified staff at the county to review business practices and isolate the requirements behind current practices.

During this initial phase, it is essential that key county decision makers be trained in the terminology, approach and functions of the new system so that they can make wise choices during the configuration stage of implementation. For this reason Echo has initiated a process of advanced training for key clinical, administrative, and fiscal decision makers of the county so that they completely understand the function of the new system.

Configuration of the new software is essential before the conversion of data can begin. There must be accurate and detailed data maps from the old system to the new system and this cannot be done until the new configuration is known. Configuration includes:

- Identification of Facilities and Programs.
- Establishment of Billing and Billing Exclusion Rules.
- Configuration of Provider and Licensing Tables.
- Establishment of Service Codes, Rates, and Charge Schedules.
- Configuration of data elements to support federal and state reporting requirements.
- Configuration of data elements to support special funding requirements.
- Configuration of data elements to support special local reporting beyond required state and federal and state reporting.

Once the county's organizational structure and fiscal billing rules have been established, it becomes possible to develop a detailed data map that identifies all legacy data and where it will be stored in the new system so that the new system functions in a manner consistent with the county's needs.

The conversion process includes several trial conversions so that county staff can log into a test system and review the data that has been converted. With each test conversion run, the data available in the new system, and detailed logs are created for the customer to review and comment. Exception logs are also generated. It is very important that knowledgeable customer staff review the data and become assured that the process is working correctly.

To date, all Echo conversions have been focused on consumer profile data, case management data (episodes, admissions, services, program assignments, staff assignments, etc), and administrative and fiscal data. As we move into the future we believe that there will be substantial conversion of clinical data into assessments, diagnoses, treatment plans, progress notes, medications, and outcomes data. These structures in ShareCare are very flexible, and we believe that in the short term, conversions may be "proprietary" in nature in that the conversion of the clinical data will have to have the same detailed maps from one system to another. As we go further into the future we anticipate standards from HL7 or other sources that may provide a more standardized approach. We continually monitor the development and publication of these standards and adapt the system as required.

RR-F-08 Describe your firm's experience and approach to the conversion of paper-based behavioral health data. (1 page maximum)

To date, all data conversions have been data based system to system. Our discussions with counties that have wanted to retain paper documents have been focused on the counties' desire to scan and index documents. ShareCare provides two methods for managing scanned documents:

Internal: ShareCare provides for scanned documents to be uploaded from a secure server and then linked to a consumer and available on the clinical summary page.

External: ShareCare is a web based product, and allows for links to other URL's to be embedded on any page. For counties that wish to use more sophisticated scanning and

storing programs, the Administrator can embed the link on a page. Further, with simple modifications, information such as the user's security and the name and id of the consumer can be passed to the external software.

G. Solution Product History

RR-G-01 Please provide the following information about the solution product(s) that you propose.

#	Product Name And Primary Function	When First Developed	When / Where First Deployed	Number Of Installations To Date
1	ShareCare	1999	2001 / Rosehill Michigan	9
Third Party Commercial Products integrated with ShareCare				
2	Drs. First	2000	2001 / Maryland (www.drfirst.com)	Unavailable
3	Lumigent	2000	2000 / Large Financial Institutions (First Echo deployment was 2008 in Walmoth, MI.) (www.lumigent.com)	600
4	Crystal	Unavailable	Unavailable (http://www.businessobjects.com/product/catalog/crystalreports/)	Unavailable

RR-G-02 For each solution product listed in the above table, please provide:

1. The history of the product including whether the product was internally developed or acquired from another source.

ShareCare was initially developed in 1999 by the company, Centromine, which is no longer in operation. The Echo Group purchased all rights to the software in 2002 when it purchased all assets of Centromine. Since that time, all development has been done by Echo Group development staff.

2. The specific Industry standards that the product was designed to, including any exceptions to those standards.

From a functional point of view, ShareCare is, designed to meet the needs of Behavioral Health providers. It provides needed functioning for clinicians, billing staff, financial staff, administrators, and those managing an external system of care. We place an equal importance on a strong billing ensure to ensure maximum reimbursement for reimbursable services, a system that fully supports identifying and applying eligibility information, and a system that supports clinical users from intake to service delivery to discharge.

ShareCare includes an integrated electronic clinical record that supports billing and reporting functionality required by California counties in their obligations to the state.

ShareCare was designed primarily for use in California, but is in use in other parts of the country where the needs of the customer are in synch with the needs of our California customers.

An example of national standards that are applicable in California and outside of California our system supports all HIPAA billing and eligibility transactions. HL7 transactions are based on HL7 2.6. We continue to monitor the development of new standards to support our customers and to better support the transfer of data between disparate systems.

The Echo Group monitors and utilizes the latest development best practices in software design, development and testing. The development group utilizes peer review to ensure that code standards are maintained throughout all development. All software goes through 3-levels of internal Quality Assurance including unit testing by developers, installation and functional testing by a dedicated Quality Assurance department, and pre-release testing by business analyst staff that work with our customers. Often, for major releases, memoranda of agreement are created with selected customers for beta testing.

ShareCare is developed in Cold Fusion and Java and the Echo Group monitors manufacturer and technical websites to ensure that we are able to take advantage of information not just from our developers but from the larger community of developers. As a result of changes in technology we have utilized XML and SOAP in recent development of new functionality and data exchange protocols.

Standards currently utilized in ShareCare include HIPAA transaction sets including: 837, 835, 834, 270, and 271; ISO 8691; and HL7 2.6 General Order and Acknowledgement Messages; Admissions, Discharge, and Transfer Messages; and Patient Enrollment Messages.

ASTM, ISO; HL7 and CCHIT standards are monitored. Current development is focused on CCHIT Security, Privacy and the Behavioral Health standards that will be released in March of 2010. We continue to develop according to ISO and ASTM standards when appropriate.

The Echo Group is pleased to note that Donley C. Smith, Director of California Operations is a member of the CCHIT Behavioral Certification Work Group. In addition two members of our staff are regular members of the HL7 committee to develop a Behavioral Health CCD.

The underlying goal of ShareCare design and development is to meet the needs of the community of users with a product that improves their ability to do their job, in a secure and technologically sound environment.

3. Whether the product is CCHIT certified.

- a. If the product is CCHIT certified, for which category and year is it certified? Examples would be "Ambulatory 2006", "Ambulatory 2007", etc.

Currently, there is no CCHIT Certification for Behavioral Health. That certification, according to CCHIT is due in 2010. The Echo Group will apply for certification as

soon as the requirements are published by CCHIT. Although ShareCare meets many of the standards for Security and Operability, the Echo Group does not intend to apply for the Ambulatory Health Certification, because, after careful review, there are too many elements that are not in the best interests of a product intended for Behavioral Health. This also follows the thinking of the current Behavioral Health Workgroup of CCHIT.

- b. If the product is not CCHIT certified, do you plan to acquire CCHIT certification and if so, in which category and when?

CCHIT has announced that its Certification for Behavioral Health will be released in the Spring of 2010. The Echo Group will apply for certification in that category at that time.

RR-G-03 How are enhancement and new release priorities determined?

There are many factors that determine Echo's development priorities. Our customers have the strongest influence on our enhancement decisions as their business changes could disrupt revenue, and these are placed into the development schedule immediately. Echo utilizes a Voice of The Customer philosophy and provides each of our customers a Business Analyst. The Business Analysts ("BA") role is to promote continuity and success in the customer relationship as they move through the various phases of being an Echo user organization: sales, implementation and support. The BA's also act as an affiliated team of experts to bring specialized skills to bear in solving internal and external customer problems. This individual continues with a customer working and listening to the needs on a regular basis. These customer needs are communicated to the engineering group where product development assesses the impact on a) the Customer, b) the effects on the product from a national perspective, and c) the engineering schedule. Through this process the customer base is kept informed and once placed into the queue, a service pack date is provided.

A major release can be influenced by a single customer but more likely a change in a) national reimbursement strategies, b) workflow realignments, or c) a major functionality upgrade.

The Product Design Team is committed to the enhancement of the product based on ideas from staff and customers. They understand that ideas may come from trade shows, sales leads, implementation needs, testing, support and use of the products. Echo wants all ideas to be captured and responses provided in a timely manner. Development Priorities are set annually and every attempt is made to meet the goals established. The result may be that Enhancement Requests will be identified as future goals. To better communicate and be responsive to Enhancement Requests the following process is being established:

1. Enhancement Requests are entered into eCRM according to current policies and procedures.
 - a. If the Enhancement Request is on behalf of a customer, an Enhancement Request will be entered and assigned to the customer.
 - b. If the Enhancement Request is internal then the Enhancement Request will be entered on behalf of the Echo Group.
 - c. For complete Standard Operating Procedure of this process is provided to the all Echo staff

2. Product Design and Engineering will review the Enhancement Requests on a weekly basis.
 - a. If the description is insufficient, Product Design will contact the Author to get further information.
 - b. Once a week Product Design will review the Enhancement Requests with Engineering and a preliminary decision will be made.
 - c. The results of the decision will be provided to the Author by e-mail, and will be entered as a Note attached to the Enhancement Request in eCRM within 48 hours of the discussion with Engineering.
 - d. The decision will be based on current development priorities, the criticality of the proposed change, and the availability of engineering resources.
3. If there is any question or concern with the preliminary decision, an email will be sent to the Author, and a meeting will be set for Product Design, Engineering and the Author to discuss.
 - a. The results of the meeting will be added to eCRM by Product Design within 48 hours of the meeting.
4. Enhancements that arise during implementation will be reviewed with the manager of the contract and other interested parties before being presented to Engineering.
 - a. If it is agreed that it is required by the contract or will be incorporated by amendment this information will be presented to Engineering with the Enhancement Request.
5. If the decision is made to go ahead, Product Design will work with the interested staff in creating a Functional / Technical Specification.
6. Upon approval of the Functional / Technical Specification Engineering will assign a priority and ranking to the project. A list of all projects and associated priority/rankings will be maintained on Echo's network.
 - a. When the project is assigned to an engineer, a delivery date will be provided to the author and added to the project list and eCRM.
7. At no time should a delivery date be discussed until Engineering has reviewed and provided a delivery date.

All staff have access to eCRM and can monitor Enhancement Requests and Status.

RR-G-04 How are clients supported during the release of an enhancement?

The Business Analysts serves as the primary support system for each customer for communicating enhancements and releases. A monthly "PowerTalk" is provided in a Webex forum to our customers that begins the education process of the upcoming service packs. Ongoing discussion occurs in the user groups where progress is communicated and decisions are made if individual customers determine that additional training may be needed on the content of the release.

Release notes are provided to our customer base electronically describing the enhancements being delivered. Documentation is updated and also provided electronically.

The Echo Group also provides help desk support to all of our customers to ensure any issues are addressed immediately. Our Customer Support staff is very experienced in the complexities of the health care market. All support is included in the Software Maintenance

Agreement. User and technical support is available to you from 8:30 am to 5:30 pm PST. Special arrangements can be made to provide 24/7 support.

Echo provides support staff with a “live” response during regular business hours and E-mail can be used for low priority needs. Internet support can also be used in chat rooms (forums) where exchange of customer experience can occur.

RR-G-05 Describe the size of the installed base of your solution. Include the number of users and the number of sites where the product is installed.

The product is installed in 9 locations; four in California. The combined number is 526 concurrent users.

RR-G-06 Describe any regularly-held seminars or user group meetings available to users of your product and the time/place of the next gathering.

The Echo Peer to Peer Annual Conference is held in September; the next meeting will be September 2009. Power Talks are Webex based product review and case review discussions, and are held Bi-Monthly. Echo Forums are through an electronic interchange in the style of community based user forums. The traditional InSyst User Group that is supported California InSyst counties now is integrating customers that have converted from InSyst to ShareCare.

H. Solution Product Technologies

Software Technologies

RR-H-01 Provide the technologies used for each solution product identified above.

#	Product Name	Product Type (Client Server, Web, Etc.)	Operating System (Windows, Unix, Linux, Etc.)	Database (SQL Server, Oracle, DB2, Etc.)	Application Language (VB6, VB.Net, C, C++, C#, Java Etc.)
1	ShareCare	Web Based	Windows and Linux	SQL	Java, ColdFusion
2	Drs. First	Web Based	Windows and Linux	SQL, Oracle	Java
3	Lumigent	Web Based	Windows and Linux	SQL, Oracle	C#
4	Crystal	Web Based and Client Servers	Windows and Linux		Visual Studio 2008, 2005 and 2003

Server Hardware Minimum Specifications

RR-H-02 In the following table, please provide the minimum server hardware technical specification levels for operation of your solution software products. Please consider all types of possible servers such as: database, fax, email, internet, backup, image management, etc.

#	Primary Server Purpose	Number Of Processors Per Server	Processor Type/Speed (MHz)	Memory (Gig)	Storage (Gig)
1	Web Access	2	2.8Ghz	2G	(2) 36G RAID 1
2	Database	2	2.8Ghz	4-8G	(2) 72G RAID
3	Reporting	1	2.0Ghz	4G	(2) 36G RAID 1

Note: We view this as the absolutely minimum configuration. We expect that it would support 30-50 concurrent users. The Echo Group does not provide system servers for email and other customer operations. ShareCare can be seamlessly integrated into any county system.

Client Hardware Minimum Specifications

RR-H-03 In the following table, please provide the minimum client hardware technical specification levels for operation of your solution software products. Please consider all types of client types including workstations, tablet PCs, PDAs, etc.

#	Type of Client Hardware	Operating System	Processor Type / Speed (MHz)	Memory (Gig)	Browser Level (If Applicable)	Required Disk Space (If Applicable)
1	Windows PC	Microsoft Windows 2000 or newer	P4 / AMD	5G	IE 6 or better	10 Meg

Peripheral Hardware Minimum Specifications

RR-H-04 Provide the minimum peripheral hardware technical specification levels for operation of your solution software products. Please consider all types of peripherals such as printers, scanners, card readers, notepads, etc.

#	Type Of Peripheral Hardware	Operating System (If Applicable)	Specifications/Characteristics
1	Printer(s)		Network ready laser printer with Windows drivers
2	Scanner		Optional Scanner requires Windows drivers
3	Fax(es) (Optional)		Network accessible Fax machine.

Minimum Network/Communication Specifications

RR-H-05 Provide the minimum network/communication technologies employed by your solution software products.

#	Type Of Network/Communication	Operating System	Specifications/Characteristics
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	Technology	(If Applicable)	
1	Internet (or intranet) access		Broadband or T1 (server side)
2	Internet (or intranet) access		Minimum broadband (client side)
3	Commercial firewall for Internet access		
4	Ethernet network (TCP/IP)		Minimum 100 Mb, 1 Gb recommended on server side

System Backup/Recovery Considerations (Not to exceed 4 pages)

RR-H-06 Describe the system backup process for your core product.

Web Server – The changes on this machine are limited to upgrades, hot fixes and data export routines. Echo's recommendation is that this machine be backed up after each upgrade or hot fix and that the data export directory be backed up daily.

Database Server – The Microsoft maintenance plan should be configured for full database backups nightly with transaction log backups occurring every 30 minutes.

Report Server - The changes on this machine are limited to upgrades and hot fixes. Echo's recommendation is that this machine be backed up after each upgrade/hot fix.

Backup tools that are included with SQL Server, as well as third party products that are in common use in county IT systems can be used to backup the servers. All of the servers are based on Microsoft's standard operating system and database.

RR-H-07 Can backup be completed in a dynamic mode so that the system can be operational 24 hours per day?

Yes. Use of either standard Microsoft SQL Server built-in backup tools, or popular third party products such as Symantec Backup Exec or Computer Associates ARCserve with their database agents, facilitate continuous operation without disruption of application database activity.

RR-H-08 Describe any automated backup features that allow rapid and unattended backups of system and operational data on a user-scheduled basis.

The Microsoft SQL Server maintenance plan can be custom tailored to accommodate frequent backups of the entire database, the database transaction logs, or both. Similarly, commonly used third party backup tools can be configured to provide for extremely automated backup strategies.

RR-H-09 Can the system be configured to support improved fault tolerance and system recovery (e.g., mirrored disk drives/servers)?

Yes. The system can support fault tolerance and redundancy at several different levels. Disks can be both mirrored and striped, depending on customer preference. In addition, Web servers can be duplicated and load balanced if desired. Database servers can also be redundantly configured as well. Network infrastructure could also be configured in a

redundant fashion, including redundant network devices, cabling, and even separate sources of Internet access.

Data Archiving Considerations (Not to exceed 4 pages)

RR-H-10 What are the capabilities for archiving data?

The system does not currently support archiving of data; however it is a planned modification. The development plan for archiving is to allow users to archive data that has been inactive both in provision of service and in billing for a period of time that is not less than 18 months. The user will be able to set a time frame that is greater than 18 months and the system will archive all data that meets the conditions. Data will be archived to a schema that is based on the production schema.

While all data will be archived, the consumer will remain in the system and a message will appear on the consumer lookup that all data related to the consumer has been archived.

RR-H-11 What are the capabilities for restoring archived data?

The archiving development plan is to provide a tool that allows an administrative user to identify the consumer to be restored and send the request to the datasource that maintains the archived records. The data will be imported using sql tools into the production database and the flag indicating that the record has been archived will be removed.

RR-H-12 What tools/media are used for archiving data?

The data archiving development plan is to use tools provided by the Microsoft SQL database for moving data from production to the archived data source. Our current plan is to use Microsoft SQL tools; however, if other more effective third party tools that will be better for the moving data both to the archived data source and for the restore of data are identified, those will be incorporated. With the new versions of SQL Server new tools are also being developed that may provide better performance than native SQL tools.

System Interface Considerations (Not to exceed 3 pages)

RR-H-13 Describe your overall approach to developing, testing, implementing, and upgrading system interfaces to other third-party systems. Describe the process you use to settle disputes over interfaces between your solution and others.

Interfaces with third party systems begin with a full design document. The document includes the purpose of the interface the tool or tools that will be used, the data that will be transferred, the system edits that will be applied, and the process for testing and certifying the integration. In this process we identify data that is required to and fully define the data. In our experience we have not had a dispute between applications; rather we have found that incomplete specifications lead to unsuccessful testing. As a result we continue to refine the design process to better address the issues that we have experienced.

Critical areas have been in the identification of clients between disparate systems and the management of errors when data transferred is incomplete or fails system edits. It is our policy to maintain data in temp tables until it has passed system edits at which time data is uploaded into production tables.

As additional standards are published, it may mitigate some of the uncertainties in developing interface and data exchange programs.

RR-H-14 With what version of HL7 is your product compliant?

ShareCare is compliant with the current version of HL7. Our last HL7 project was completed using HL7 2.6.

Data Security Considerations (Not to exceed 3 pages)

RR-H-15 Discuss your approach to data/information security, especially with regards to Internet technologies. What level of encryption and authentication is supported?

ShareCare is an application conceived as web-based from the beginning of its development. It has security built into it from the ground up out of necessity. Fundamentally, it uses Secure Socket Layer (SSL) technology, common in the industry for banking and on-line shopping because of its ability to encrypt and securely transport data over the Internet. The product can be configured to use VeriSign certificates making possible the use of the Server Gated Cryptography (SGC) protocol. These SGC-enabled SSL certificates can guarantee the use of 128 bit or stronger encryption, further ensuring the safe delivery of data.

In addition, if so desired, client desktop systems can be configured to require biometric authentication such as retinal scan, face recognition, voice recognition, fingerprint detection, or other such methodologies to control access to the system.

ShareCare supports strong password requirements through secure account log in and encrypted passwords.

Access to the servers for administration and service is the responsibility of the county IT manager to secure the internal network.

Scalability Considerations (Not to exceed 3 pages)

RR-H-16 Describe your product's ability to expand to accommodate increasing numbers of users, servers, etc.

Expansion can be added through increasing the existing server capabilities, and in addition, additional servers can be clustered using standard functions in the Windows Operating System 2005.

Clustering is a technique in which two or more servers are grouped as a **cluster** of servers, to collectively accommodate increases in load and provide system redundancy. Clustering for scalability works by distributing a load among servers in the cluster (load balancing) using a distribution sequence or a predefined threshold or algorithm (specialized clustering software) that you specify and can adjust for each server in the cluster.

RR-H-17 Provide any performance metrics that describe the maximum load(s) under which your system can continue to perform at an optimum level

Performance measuring tools are included in the toolset for Microsoft SQL. Performance is monitored as part of the customers' network and IT management protocols. Echo group staff work with each county in each situation to maximize performance. Because each system is different based on number of users, the customers' networks and the hardware purchased, there is not a standard set of performance metrics.

RR-H-18 It is possible that many counties will want to work with the same vendor. How would your company mitigate the impact from potentially high-volume purchases from multiple counties in California? Include in your answer the need to hire additional staff, increase locations and the possible impact to implementation and training schedules, and problem response times.

The Echo Group maintains an office in Oakland, California that serves only California Counties. Currently, thirteen employees with long experience in California are assigned to that office (though some work off site). The Oakland group is backed up by a much larger group of customer support and development staff at the company's main office in Conway, NH.

In contemplating the possibility that multiple counties may want to implement in the same time period, the Echo Group would bring on additional staff. Our philosophy and approach to implementations does not include contracting services to a third party. However, the Echo Group has identified multiple resources that have experience in California and with the Echo products who could work on specific projects on a contract basis. That being said, it is generally our approach to hire and train permanent staff who could continue in business analyst roles to serve the customers post implementation.

In contemplating the addition of a major large county contracting to use ShareCare, the Echo Group may consider the addition of a local office on a temporary or long term basis, depending on the circumstances and the contract.

Depending on the size of the county and the number of concurrent implementations, it could possibly extend the timeline for an implementation.

Based on the number and availability of customer service and development staff, we do not see an impact to the response time for customer support, custom features, or other required programming.

I. Behavioral Health EHR Functional Requirements Survey

RR-I-01 Please complete the CA BH-EHR Functional Requirements Survey (an Excel spreadsheet) that accompanies this RFI.

See Attached Document.

J. Implementation Planning (Not to exceed 5 pages.)

RR-J-01 Describe your suggested best-practice approach to implementing your solution. Please include details regarding data conversion and training, and how these activities contribute to your suggested approach.

The Echo Group's approach to implementations starts with the central premise: "there can be no failed implementations". Every effort is made to accurately predict the amount of time and effort that must be made by Echo staff and county staff. Echo staff will continue to move the implementation forward to a successful project even when extended effort is required. The second premise is that county cannot stop work. The highest priority is to have a seamless transfer from one system to another without any loss of productivity or cash flow.

Active participation by key customer staff is one of the most important factors in a successful implementation. This is quite a dilemma for California counties in that these are the most valuable people who know the most about their system of care, policies, and procedures, and are often the busiest people as well. The implementation meetings and the configuration of the software depend on a broad and deep knowledge of the county's programs, clinical structure, budget categories and billing issues. We do not see the implementation of new behavioral health software to be a project that can be left solely to the MIS staff of a county. Decisions must be made as to organizational structure, billing intricacies, clinical policies and procedures and other factors; and the knowledge of for these decisions is stored with the most valuable and long standing staff in the agency: program directors, finance and billing supervisors and staff; lead clinicians, quality improvement staff, and of course the information technology staff.

Additionally, the county must make every effort to bring in as many staff as possible into the process. We have seen projects delayed at the last minute because some key staff did not have a full knowledge of what was happening, what changes might occur and how the system might impact their roles and responsibilities in the system. Bringing all staff along, involving them in the process is very important to a successful implementation.

Echo understands that one individual cannot provide the needed information and education for all departments of a county mental health system. We have developed a Business Analyst group to lead with knowledge and provide the correct individuals at the right place and at the right time for the task at hand.

Echo implementation staff strive to become partners with county staff at the clinical level and the billing and fiscal level. Good working relationships and frequent meetings are essential. We believe that frequent on-site meetings and work sessions are essential in the implementation.

Efforts are made early in the process to expose key decision making staff to how the reporting and billing works—a sort of pre-training—so that as decisions regarding configuration are made, county staff who understand how the old system works also will now how the new system works be able to make decisions that are correct tailor the settings in the system to best reflect the county's policies and procedures. Identification of the county's facilities and programs, sub-programs, contractors and how these facilities are understood in the context of the county's budget, the California Client and Service Information (CSI) system, the California Short-Doyle Medi-Cal Program, as well as in the context of day-to-day activity is the first key step in developing an understanding of how to configure the application, and is the beginning step for developing a Conversion Data Map. ShareCare is a very dynamic application that allows the customer to define its own option lists, service codes, licenses, billing rules, specialized formats for evaluations, treatment

plans, progress notes; and as such there are a number of configuration tasks that must be done so that the system accurately reflects the county's policies, procedures, and work flow.

Ideally, training should be provided to staff very close to the final cut-over date. Regardless of whether the county will be using the train the trainer approach or an end-user approach, significant time must be set aside to train as many as possible in as short of time as possible so that training is not offered so early that the trainee loses much of the material before go-live arrives.

In all installations, the Echo Group creates 3 environments on the county's servers: production, testing, and training. All set up, configuration, and conversion work prior to approval of each task is done in the testing environment. It is generally expected that prior to training, all the configuration and set-ups for the county have already been created in both the test and the production environments. This allows for the data to be replicated in the training environment so that the trainee is learning on county specific data rather than some generic training system.

Once the trainee has been through their assigned classes he or she can return to the training environment for further exploration and practice, and is also able to use the built-in tutorials.

Once the new system has been started, Echo training staff continue to work with staff on a one-to-one basis, so that as the first billing tasks or reporting tasks are started, the Echo staff person is there to lead the user through their first use of the system.

The key to conversion of the data from the old system to the new lies in very detailed data maps that go beyond "this field to that field", but involve the "why" of "this field to that field". The standard conversion includes this data:

- Consumers
- Consumer Demographic Information
- Consumer Special Population Characteristics
- Consumer Addresses
- Consumer Phone Numbers
- Consumer Contacts: Significant Others, Relationship, Addresses, Phones
- Guarantors
- Guarantor Addresses
- UMDAP Ability to Pay, including current RP Owes amount (2 Years)
- Episode and Admission Data (also known as program assignments or by other names).
- Diagnoses
- Active Insurance Policy Data and Active Insurance Company Information (companies linked to active policies)
- Clinical Service Providers

In addition to the standard system of care information, conversion can also include Managed Care Data

- Network Providers
- Consumers and Consumer data not already included in the standard data.

Standard conversion does not include service data although this could be addressed through the contract. There are multiple issues in transferring service data; however these can be discussed and addressed if this is seen as a critical requirement.

Echo conversion staff work with knowledgeable county staff or with the departing vendor's staff to define the extracts that the county or vendor will use to extract the current data for conversion. This process can involve several iterations and tests that must be reviewed by county staff to verify accuracy. Once the conversion of data is shown to be accurate, the cut-over date can be confirmed and the final conversion can take place.

All ShareCare implementations involved the development of a complete project plan in Microsoft Project. Most counties have experienced staff in large project management; and we expect that larger counties will hire a consultant to manage the implementation from their side. Echo will provide sample project plans in the RFP response phase, however these should be considered as a standardized sample. Our first task in an implementation is to identify the county staff that will be involved and will provide leadership during the implementation. Echo staff meet with this group to review the standard plan and begin to customize it so that it is specific to the county.

Key Milestones in the implementation are the completion, testing, and signoff of these tasks:

- Identification of Project Team (Echo and County staff)
- Completion of Project Plan
- Installation of the Hardware and Operating Systems Software
- Installation of the ShareCare application and other 3rd Party applications that are part of the contract.
- Identification of the Program Elements (Facilities and Programs that will be used.
- Conversion Data Map
- Database Configuration
- Conversion
- Training
- Go-Live
- System Completion
- Successful Submissions and Acceptance of
 - Medi-Cal Claim
 - Medicare Claim
 - Insurance Claim
 - Consumer Claim
 - CSI Report
 - CalOMS Report
 - OSHPD Report

RR-J-02 What is the typical implementation timeframe for your solution? Express your answer as a range (6 to 12 months, 1 to 2 years, etc.) qualified by a size-of-project; factor such as number of users, total project cost, etc. An example would "6 to 12 months for a total project cost not exceeding \$500,000" etc. Please feel free to share any metrics that you typically use to estimate the timeframe for the implementation for your solution.

For a project in the range of \$500,000, we estimate a time period of approximately 6 months from contract signing to system go-live. This is of course dependent on county staffing and

response time. A sample timeline for conversion from the Echo legacy system InSyst to ShareCare is shown here.

Sample Project Plan.mpp				
ID	Task Name	Duration	Start	Finish
1	Contract Development	10 days	Mon 1/5/09	Fri 1/16/09
2	Joint Development	10 days	Mon 1/5/09	Fri 1/16/09
3	Board Approval	1 day	Mon 1/5/09	Mon 1/5/09
4	County Sign	1 day	Mon 1/5/09	Mon 1/5/09
5	Echo Sign	1 day	Mon 1/5/09	Mon 1/5/09
6				
7	Initial Planning Meeting	8 days	Thu 1/15/09	Mon 1/26/09
8	Review Project, Tasks, and Timelines	2 days	Thu 1/15/09	Fri 1/16/09
9	Review Decision Making Process	2 days	Mon 1/19/09	Tue 1/20/09
10	Identify Project Team	1 day	Wed 1/21/09	Wed 1/21/09
11	Identify Subject Matter Experts (SME)	1 day	Thu 1/22/09	Thu 1/22/09
12	Complete Detailed Project Plan	2 days	Fri 1/23/09	Mon 1/26/09
13				
14	Hardware and Communications Installation	32 days	Tue 1/27/09	Wed 3/11/09
15	Develop Hardware and Communications Plan	3 days	Tue 1/27/09	Thu 1/29/09
16	Order Equipment	1 day	Fri 1/30/09	Fri 1/30/09
17	Equipment Delivery	14 days	Mon 2/2/09	Thu 2/19/09
18	Hardware Installation and Testing	5 days	Fri 2/20/09	Thu 2/26/09
19	System Software Installation	2 days	Fri 2/27/09	Mon 3/2/09
20	Install Communications Equipment	5 days	Tue 3/3/09	Mon 3/9/09
21	Test System	2 days	Tue 3/10/09	Wed 3/11/09
22	Hardware and Communications Complete	0 days	Wed 3/11/09	Wed 3/11/09
23				
24	Software Installation	2 days	Thu 3/12/09	Fri 3/13/09
25	Install ShareCare	1 day	Thu 3/12/09	Thu 3/12/09
26	Install Clinician's Gateway	1 day	Fri 3/13/09	Fri 3/13/09
27	Software Complete	0 days	Fri 3/13/09	Fri 3/13/09
28				
29	Define County Program Structure	25 days	Thu 1/22/09	Wed 2/25/09
30	Initial Organizational Meeting	1 day	Thu 1/22/09	Thu 1/22/09
31	Orientation for Implementation Team	3 days	Fri 1/23/09	Tue 1/27/09
32	Review MHS Setup and Issues	7 days	Wed 1/28/09	Thu 2/5/09
33	Financial/Budget Review	2 days	Wed 1/28/09	Thu 1/29/09
34	Billing/Claiming Review	2 days	Fri 1/30/09	Mon 2/2/09
35	Program Review	3 days	Tue 2/3/09	Thu 2/5/09
36	Review ADP Setup and Issues	7 days	Fri 2/6/09	Mon 2/16/09
37	Financial/Budget Review	2 days	Fri 2/6/09	Mon 2/9/09
38	Billing/Claiming Review	2 days	Tue 2/10/09	Wed 2/11/09
39	Program Review	3 days	Thu 2/12/09	Mon 2/16/09
40	Structure Finalized	7 days	Tue 2/17/09	Wed 2/25/09
41				
42	Database Configuration	37 days	Mon 3/16/09	Tue 5/5/09
43	Global Setups and Options	3 days	Mon 3/16/09	Wed 3/18/09
44	Activate Customer Screens	1 day	Mon 3/16/09	Mon 3/16/09
45	Review and Finalize Option Lists	2 days	Tue 3/17/09	Wed 3/18/09
46	Fiscal Setup	34 days	Thu 3/19/09	Tue 5/5/09
47	Entity (Fiscal - Facility)	1 day	Thu 3/19/09	Thu 3/19/09
48	Organization (Fiscal - Facility)	1 day	Thu 3/19/09	Thu 3/19/09
49	Facility (Fiscal - Facility)	4 days	Fri 3/20/09	Wed 3/25/09
50	Programs (Fiscal - Facility)	4 days	Mon 3/23/09	Thu 3/26/09
51	Site (Fiscal - Facility)	1 day	Fri 3/27/09	Fri 3/27/09
52	Rounding Rules (Fiscal - Contracts)	1 day	Mon 3/30/09	Mon 3/30/09
53	License Type Groups (Fiscal - Service Provider)	1 day	Mon 3/30/09	Mon 3/30/09
54	Payor Groups (Fiscal - Insurance)	3 days	Mon 3/30/09	Wed 4/1/09
55	Procedure Codes (Fiscal - Billing Maintenance)	2 days	Thu 4/2/09	Fri 4/3/09
56	Service Codes (Fiscal - Billing Maintenance)	2 days	Mon 4/6/09	Tue 4/7/09
57	Service Clusters (Clinical - Authorization)	1 day	Wed 4/8/09	Wed 4/8/09
58	Fee Levels (Fiscal - Service Provider)	2 days	Thu 4/9/09	Fri 4/10/09
59	Charge Schedules (Fiscal - Contracts)	3 days	Mon 4/13/09	Wed 4/15/09
60	Payor Contracts (Fiscal - Contracts)	2 days	Thu 4/16/09	Fri 4/17/09
61	Pay Provider Contracts (Fiscal - Contracts)	3 days	Mon 4/20/09	Wed 4/22/09
62	Payor Plans (Fiscal - Insurance)	2 days	Thu 4/23/09	Fri 4/24/09
63	Benefit Adjudication (Fiscal - Insurance)	1 day	Mon 4/27/09	Mon 4/27/09
64	Exclusion Rules (Fiscal - Billing Maintenance)	3 days	Tue 4/28/09	Thu 4/30/09
65	Service Providers (Fiscal - Service Provider)	3 days	Fri 5/1/09	Tue 5/5/09
66	MCO Provider Organizations	8 days	Thu 4/23/09	Mon 5/4/09
67	MCO Providers	3 days	Thu 4/23/09	Mon 4/27/09
68	MCO Procedure Codes	2 days	Tue 4/28/09	Wed 4/29/09
69	MCO Rates	2 days	Thu 4/30/09	Fri 5/1/09
70	MCO Charge Schedules	1 day	Mon 5/4/09	Mon 5/4/09
71	Security (Administration - Security)	4 days	Thu 3/19/09	Tue 3/24/09

Sample Project Plan.mpp					
ID	Task Name	Duration	Start	Finish	
72	User Groups	2 days	Thu 3/19/09	Fri 3/20/09	
73	Users	2 days	Mon 3/23/09	Tue 3/24/09	
74	Global Variables	1 day	Thu 3/19/09	Thu 3/19/09	
75	Passwords (Administration - User passwords)	1 day	Wed 3/25/09	Wed 3/25/09	
76	Time Zones (Administration - Time Zones)	1 day	Fri 3/20/09	Fri 3/20/09	
77	Eligibility (Access)	1 day	Fri 3/20/09	Fri 3/20/09	
78	Ability to Pay (Fiscal - Billing Maintenance)	1 day	Tue 3/31/09	Tue 3/31/09	
79	DSM Codes (Clinical - Diagnostic Codes)	1 day	Fri 3/20/09	Fri 3/20/09	
80	ICD-9 Codes (Clinical Diagnostic Codes)	1 day	Fri 3/20/09	Fri 3/20/09	
81	Data Configuration Complete	0 days	Tue 5/5/09	Tue 5/5/09	
82					
83	Conversion	49 days	Wed 5/6/09	Mon 7/13/09	
84	Identify Personnel	1 day	Wed 5/6/09	Wed 5/6/09	
85	Identify Sign Off Process	1 day	Wed 5/6/09	Wed 5/6/09	
86	eCura Conversion (optional)	14 days	Thu 5/7/09	Tue 5/26/09	
87	Specifications	2 days	Thu 5/7/09	Fri 5/8/09	
88	Map	2 days	Mon 5/11/09	Tue 5/12/09	
89	Code Development	10 days	Wed 5/13/09	Tue 5/26/09	
90	Pre Conversion Cleanup	15 days	Wed 5/6/09	Tue 5/26/09	
91	Identify active and inactive Reporting Units	1 day	Wed 5/6/09	Wed 5/6/09	
92	Identify all Reporting Units by State Provider Cox	2 days	Wed 5/6/09	Thu 5/7/09	
93	Bringing CSI reporting up to date.	10 days	Wed 5/6/09	Tue 5/19/09	
94	Identifying and correcting all CSI errors.	5 days	Wed 5/20/09	Tue 5/26/09	
95	Identifying and merging any remaining duplicate	7 days	Wed 5/6/09	Thu 5/14/09	
96	Identifying and fixing all missing SSN.	5 days	Mon 5/11/09	Fri 5/15/09	
97	Identifying all inactive Insurance Companies.	5 days	Wed 5/6/09	Tue 5/12/09	
98	Terminating old Medicare Insurance policies left	5 days	Wed 5/13/09	Tue 5/19/09	
99	Identifying and marking duplicate staff in the Sta	5 days	Wed 5/6/09	Tue 5/12/09	
100	Create Data Map	10 days	Wed 5/6/09	Tue 5/19/09	
101	Custom Code Development	10 days	Wed 5/20/09	Tue 6/2/09	
102	Test Conversion	18 days	Wed 6/3/09	Fri 6/26/09	
103	Test Environment Created	1 day	Wed 6/3/09	Wed 6/3/09	
104	Extract InSyst Data	1 day	Wed 6/3/09	Wed 6/3/09	
105	Load Converted Data	1 day	Thu 6/4/09	Thu 6/4/09	
106	Review	5 days	Fri 6/5/09	Thu 6/11/09	
107	Extract InSyst Data	1 day	Fri 6/12/09	Fri 6/12/09	
108	Load Converted Data	1 day	Mon 6/15/09	Mon 6/15/09	
109	Review	3 days	Tue 6/16/09	Thu 6/18/09	
110	Parallel Test	5 days	Fri 6/19/09	Thu 6/25/09	
111	Load Services from previous Month	1 day	Fri 6/19/09	Fri 6/19/09	
112	Process Claims	1 day	Mon 6/22/09	Mon 6/22/09	
113	Compare	3 days	Tue 6/23/09	Thu 6/25/09	
114	Approve Conversion	1 day	Fri 6/26/09	Fri 6/26/09	
115	InSyst Shut Down	6 days	Mon 6/29/09	Mon 7/6/09	
116	Data Entry up to Date	2 days	Mon 6/29/09	Tue 6/30/09	
117	Run CSync	2 days	Mon 6/29/09	Tue 6/30/09	
118	Complete current Claim Cycle	3 days	Wed 7/1/09	Fri 7/3/09	
119	Complete current CSI Cycle	3 days	Wed 7/1/09	Fri 7/3/09	
120	Complete current CalOMS cycle	3 days	Wed 7/1/09	Fri 7/3/09	
121	Disable Logins	1 day	Mon 7/6/09	Mon 7/6/09	
122	Final Conversion	5 days	Tue 7/7/09	Mon 7/13/09	
123	Extract	1 day	Tue 7/7/09	Tue 7/7/09	
124	Load	1 day	Wed 7/8/09	Wed 7/8/09	
125	Review	2 days	Thu 7/9/09	Fri 7/10/09	
126	Approve Final Conversion	1 day	Mon 7/13/09	Mon 7/13/09	
127	Go Live	0 days	Mon 7/13/09	Mon 7/13/09	
128					
129	Training	96 days	Tue 1/27/09	Tue 6/9/09	
130	Develop Training Plan	3 days	Tue 1/27/09	Thu 1/29/09	
131	Trainer Training	2 days	Mon 6/1/09	Tue 6/2/09	
132	Billing Training	2 days	Wed 6/3/09	Thu 6/4/09	
133	Staff Training	5 days	Wed 6/3/09	Tue 6/9/09	
134	Operations Training	2 days	Fri 1/30/09	Mon 2/2/09	
135					
136	First Claims Hands on Support	30 days	Tue 7/14/09	Mon 8/24/09	

K. Training and Documentation

Training (Not to exceed 2 pages)

RR-K-01 Describe the types of training offered, i.e., end-user, systems administrator, installer, etc.

Training is offered through three distinct methods: standard and customized classroom hands on training; personal one to one task oriented training; and video self based instruction.

The standard courses are System Administrator, Fiscal, Managed Care, Clinical, and Clinical Administration.

In most standard implementations, all training courses are designed and provided in a train-the-trainer format. Echo feels that this is the best method for training ShareCare users. This method involves the agency providing key users to attend the training courses, learning how the software works and determining the best workflow for end users. The side benefit of this is that a core of "super users" is created that can help build acceptance of the system. It is not necessary that the trainers be accomplished trainers; in fact it is preferable that the trainers be accomplished local staff in the areas of focus and have a high comfort level with the use of computers.

The Echo Trainers will provide a course book/agenda for each class that will outline all the topics to be addressed. Echo Trainers work with local staff to tailor this outline the use and instruction of the agency end-users. This also provides the ability for the agency training staff to incorporate local business process into the training environment. Echo will send a lead Trainer and usually one assistant to help answer questions and track and record issues, concerns or questions that arise. A Training visit summary will also be provided 2-3 days after the training session to the appropriate agency contacts.

If the agency would prefer to have Echo staff provide specific end-user courses this can be built into the contract and implementation plan. Echo trainers are full time Echo employees; however in the event that the number of training events for a particular implementation is greater than can be accommodated by regular staff, the Echo Group has a number of contractors that have worked with the software before and are excellent trainers.

Throughout the implementation of the software, the Echo implementation staff work with local agency staff to learn more about local business process flow, and these working sessions are always treated as a training opportunity. Set up of the hardware and communication support for the application and database servers, installation of the software, configuration of the application's many variables to account for local processes are always treated as learning events specifically tailored to the task at hand.

Training for software installation, server configuration, and integration into the agency's existing network is provided through hands on task oriented training.

ShareCare provides a series of integrated, Flash-based e-learning tutorials designed both to teach the basics of ShareCare to new users and to act as online coaches for returning users. These engaging tutorials encourage learners to participate through simulations and real-world scenarios, and reinforce learning with built-in pop quizzes. These tutorials can be accessed through the Help Menus in the application.

RR-K-02 How often is training offered (as needed, or on a set calendar schedule)?

Training is offered on an as needed basis. The Echo Project Manager will work with the agency to provide the appropriate training classes in a timely fashion in accordance with designated go-live date. This will help to ensure the highest level of retention of the topics

addressed during the training sessions. Additional training can be scheduled throughout the lifetime of the project.

RR-K-03 Please give the duration of each class, the location of training and the recommended number of people that should attend training.

The System Administrator course is a 3-4 day course. The Fiscal course is a 2-3 day course. The Managed Care course is a 2-3 day course. The Clinical course is a 2-3 day course. The length of each course is subject to the specific needs of the customer. The training is generally provided on-site at a location of the customers choosing. Because of the depth of information to be communicated, recommends no more than 4-5 persons attending the System Administrator course at a time. This course is the critical course for understanding the software and configuring all the functions to support business rules in all aspects of the application. The attendees present should be comprised of a variety of Administrators, Fiscal and Clinical personnel. This will help ensure that key software setup issues are not specific to the needs of one particular "side of the house".

Echo recommends 8-10 persons attend the Managed Care, Fiscal, and Clinical courses, based on the train-the-trainer model described above. If end-user training is contracted, the number of class attendees can be negotiated.

RR-K-04 Please describe if training is classroom style with an instructor, one-on-one, computer-based training, self-study, etc.

All of these methods of training are supported as described in section RR-K-0. Training for the ShareCare product is generally provided in the classroom setting with one instructor and one assistant. Each student must have access to a PC to access the system and follow along with the instructor.

Additional one-on-one training sessions are available based on the needs of a specific user or group of users. These training events can be provided on site or via available internet methodologies.

In addition, application driven self-paced training events are integrated into the software.

RR-K-05 Who provides the training: employees of your company or sub-contractors?

In general, all training courses for the ShareCare software are provided by Echo Employees. We do not use any sub-contract agencies to provide our training. However, in the event that the agency is very large and wishes to have extended training for all end-users, Echo does acknowledge the possible need for additional staff that might be contracted. In the event that contractors are needed for a specific implementation, Echo staff will guarantee that the trainers are well versed in all aspects of the system.

RR-K-06 Do you provide clinician-specific training?

The standard Clinical course covers Assessments, Treatment Plans, Progress Notes, Medications, Diagnosis, Outcomes, Tasks and Scheduling, and the use of the Clinician's HomePage and the Clinical Summary. This course can be provided in a train-the-trainer format or end-user training. This allows key decision makers to determine the manner in

which topics are presented by the agency to their staff. The agency can provide end-user training that incorporates local policy, procedure, and workflow.

The Clinical Administration course covers the development of treatment plan templates, progress note templates, screening and evaluation templates, customization of standard Assessments, and the development of the clinical protocols database that drives the treatment planning functions.

RR-K-07 Do you provide fiscal-specific training related to billing Short-Doyle Medi-Cal in California?

The standard Fiscal course provides for fiscal-specific training including creating claims, managing receivables, retroactive billing and patient statements. ShareCare is designed to be a California-specific application (even though there are customers outside of California). To that end the Medi-Cal claiming functions are an integral part of the application. Medi-Cal billing is provided in the standard Fiscal course. This course is provided in a train-the-trainer format. This allows key decision makers to determine the manner in which the topics are presented by the agency. The agency can then provide end-user training or customer specific end-user courses can be created and provided by Echo staff as part of the contract. The California Mental Health Short-Doyle Medi-Cal Billing Manual is accessible through the Help menus in ShareCare.

Documentation (Not to exceed 2 pages)

RR-K-07 Describe the documentation (both system and training) provided as part of standard installation approach including:

1. Manager and user reference manuals (applications).

Echo provides a User/Administrator Manual that details the entire application. The application follows the menu and sub-menu structure as they appear in the software, but also contains information pertaining to the interconnectivity of various parts of the system in order to foster an understanding of the system's logic. As such, the manual serves as a reference for each individual piece of the software, while also contributing to developing work flow processes around the software's functionality.

The manual is available on CD, in printed format, and it is included in the Help Menu's within the application. The manual can be separated into chapters and the individual chapters made available only to authorized staff. These also can be accessed from within the Help Menu on the individual web pages.

In addition a full interactive database dictionary is available from within the application.

2. User operator/system administrator manuals.

The Operator/System Administration features are published as part of the larger system manual, but can be published independently by chapters. It follows the same format as described above. It can be read in concert with other sections of the manual, as administrator privileges extend throughout the system.

3. Hardware/OS manuals

Hardware and Operating System manuals are provided by the hardware and operating system manufacturers.

4. Network and Security.

Network Security is the responsibility of the county agency that will be installing the ShareCare software. The ShareCare application has internal security based on user accounts and strong passwords. The servers that support the application are placed within the county's IT and Network environment and it is the county that is responsible for their network security. The Echo IT staff can provide valuable consultation to the county in this regard.

5. Training manuals (initial and ongoing user self-training).

The training manuals are geared toward establishing work flows for end users. These manuals are generally concise and geared toward specific types of users and the pieces of the software they are likely to use. Training manuals generally work in concert with live training sessions. Echo also regularly develops customized training materials aimed at integrating established work flows into our system.

RR-K-08 Is the documentation available:

- | | |
|-------------------------------|-----|
| 1. In hardcopy? | YES |
| 2. On CD-ROM? | YES |
| 3. On the Local Area Network? | YES |
| 4. On the Internet? | YES |

RR-K-09 How often is your documentation updated? How often are updates made available to the user? How is documentation updated (memo, revised manuals, on-line, CD, etc.)?

Documentation is updated to correspond with software releases and updates so that users have the most up to date manuals. The documentation is made available to users at the time of a release or update. Echo also provides release notes which highlight the changes made in a particular release, as well as a revised manual.

L. Contractual Support (Not to exceed 4 pages)

RR-L-01 Do proposed acquisition and/or ongoing maintenance/support costs include:

1. Future enhancements to acquired/licensed application modules?

All enhancements to the software as a result of federal certification requirements or as a result of Echo's determination that the product requires the enhancement to better meet the market needs are included in the cost of on-going maintenance. Changes to the product as a result of state or local requirements are chargeable items.

2. Operating system and related environmental software?

The Echo Group has no influence on operating system development or upgrades, database upgrades, or network changes. The customer purchases licenses for these systems independently of the Echo Group.

Changes to the database or operating systems that require change to the software are included as part of on-going maintenance.

3. Interface maintenance?

Interfaces that are constructed by the Echo Group are covered under maintenance. Interfaces that are developed by the customer or constructed at customer request are not covered by maintenance.

4. Architectural changes such as migration to emerging technologies and new methods of systems deployment?

These are provided as new releases or service packs and are provided as part of the on-going maintenance agreement.

If not, describe the conditions and terms under which enhancements/new releases are made available to existing customers.

RR-L-02 What are your normal support hours (specify time zone)? Where is support staff located?

8:30 AM to 5:00 PM Pacific Time

RR-L-03 Which of the following support features are available? Check all that apply:

- | | |
|-------------------------------|--|
| 1. Toll-free hotline | Yes |
| 2. Remote monitoring | Yes |
| 3. Remote diagnostics | Yes |
| 4. Training tutorials | Yes |
| 5. Web-based support tracking | Yes |
| 6. 24x7 software support | Yes |
| 7. 24x7 hardware support | No (Counties purchased hardware directly from hardware vendors, and all hardware associated support is through the manufacturer. Echo staff are able to assist county in determining the nature of the problem.) |

RR-L-04 Provide the response time for problems reported during:

1. Regular business hours.

During regular hours of operation (8:30 AM to 5:30 PM), Support Team members are available to receive calls. In the event that a voice-mail is left for Support, a return call is provided within two hours.

Emergency calls to Support are always directed to a live person.

Alternately, e-mail may be used to contact Support. Responses to e-mail are provided on the same business day.

2. Off-hours.

Outside of regular business hours, voice-mail and e-mail may be used to contact Support regarding application issues. Responses are provided within two hours once regular business hours resume.

Customers using Echo-hosted platforms have 24 hour/7 day-a-week access to Echo's IT department, allowing application access issues to be resolved immediately.

Special circumstances may exist where off-hours application Support is desired due to upgrades or other considerations. In these cases, off-hours Support can be arranged to ensure adequate coverage.

RR-L-05 Describe your problem reporting software and tools. Are they available via the Internet? Can a list of outstanding problems and enhancements by client be viewed on-line and downloaded?

Echo's Support Team uses a CRM tracking system to record every customer issue and request. Upon request, an Excel spreadsheet containing customer-specific cases can be exported and provided.

Additionally, Echo maintains a Support Forums Web site, offering discussion between users and Echo technical staff. This site offers an online Knowledge Base that includes resolutions to common problems.

RR-L-06 Describe your firm's approach to software maintenance agreements. Include how, and at what frequency, your firm provides maintenance and upgrade services in support of your system products.

Software Maintenance Agreements are renewed on an annual basis. The SMA includes unlimited access to Echo Support, access to Echo's Support Forums, and all standard software upgrades.

Software changes required by federal mandates or certification requirements are provided as part of standard maintenance; changes for new state mandates fall outside of the SMA and are provided at additional cost. That cost is divided between all users using the software within the state.

M. Cost and Licensing (Not to exceed 3 pages)

RR-M-01 Describe your pricing and/or licensing models based on the various product functionalities listed above. Do not provide specific pricing in your response, but information on how pricing is derived is pertinent. Examples of pricing models may be: module-based pricing, package or suite pricing, single price package, subscription based, package plus maintenance, etc.

Licensing for ShareCare is based on concurrent users. The has three basic modules:

- ShareCare Basic. Includes all client tracking functions; call logging; screening; pre-registration; registration; demographic information; episodes; admissions; diagnoses; reporting; HIPAA compliant claiming for Medi-Cal, Medicare, commercial insurance, and grants; and California state reporting for CSI, CalOMS, OSHPD, and MHSA DCR.
- ShareCare Clinical. This adds to the above functions Assessments, Outcomes, Treatment Plans, Progress Notes, and medications.
 - ePrescribing is an add-on to clinical that provides an integrated robust third party ePrescribing tool. The pricing is by MD per year. (Other medical staff can access and use the system, but pricing is by MD.)
- ShareCare MCO. This adds functions for Provider Relations, Authorizations, Claim entry and adjudication and EOB and payment processing.

RR-M-02 List any programs your corporation currently participates in, in which you provide a single pricing and licensing model for a large customer with decentralized purchasing (public or private sector), and functional descriptions of that model. Examples of this type of licensing/procurement program may be the State of California Software License Program (SLP), or the California Strategic Sourcing Initiative.

The Echo Group does not participate in the State of California Software License Program (SLP), or the California Strategic Sourcing Initiative. The Echo Group can provide customers the ability to be a re-seller of the application to agencies that are business partners or contracted agencies.

N. Risks and Issues (Not to exceed 3 pages)

RR-N-01 It is fully expected that Counties will encounter risks/issues that they must manage and mitigate. Please identify the risks/issues that a County is most likely to encounter when implementing your solution. Please include examples from prior implementations of your solution.

Not staffed properly by the customer
Conversion accuracy mapping, review
Senior Management involvement

O. Project References

RR-O-01 Provide a minimum of three (3) previous implementations of your solution that most closely approximate a CA County Behavioral Health setting. Include a California reference if available. Provide names and contact information of individuals who have sufficient experience to speak knowledgeably concerning:

1. The implementation process.
2. System functionality.
3. Vendor support.
4. Documentation.
5. Training.
6. Overall customer satisfaction.

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